

REQUEST FOR IDENTIFIABLE RECORD OF THE DEPARTMENT OF STATE
Pursuant to Sec. 3 of the Administrative Procedure Act,
5 U. S. C. 552

This application is to be executed in duplicate for the Chief, Records Services Division, Department of State

1. NAME	(Last Name)	(First Name)	(Middle Name)
	RAY	James	Earl
2. ADDRESS	(Street)	(City)	(State) (Zip Code) (Phone No.)
	Station-A-West	MSB H-3 Nashville, Tennessee	
3. TYPE OF SERVICE:			
☒ Inspection of Records ☒ Copy of Record			
4. SPECIFIC DESCRIPTION OF MATERIAL REQUESTED (Type of Record, Number, Date and Subject) IF ADDITIONAL SPACE IS REQUIRED, USE EXTRA SHEET OF PAPER			
Transcript of extradition procedures taken in Bow Street Magistrates' Court, London, England July 1968.			
5. SIGNATURE OF REQUESTER		6. DATE SIGNED	
FOR DEPARTMENT OF STATE USE ONLY			
7. ACTION ASSIGNED TO:			
(Office)		(Action Officer)	
(Action office will return this form to the Records Services Division noting in this section: (1) whether it concurs in the release of the document; (2) if it objects, the reasons why the document should not be released; (3) if the document cannot be located, and (4) the time devoted to searching the document. See 5 FAM 482)			
8. SIGNATURE AND TITLE OF DEPARTMENT ACTION OFFICER SERVICING REQUESTER		9. DEPT. OFFICE	10. DATE
K. E. Malmberg K. E. Malmberg, Assistant Legal Adviser		L/O/SCA	12/5/69
11. CONTROL NUMBER		12. FEES COLLECTED	